

**ANNUAL REPORT FORM
FOR CLASS A RECYCLING CENTERS
January 1 thru December 31_____**
(Year)

Name: _____

Facility ID#: _____

Reported By: _____

Date: _____

(Please Print)

County of Origin: _____

Phone: _____

List Materials in Tons

COUNTY:				
MUNICIPALITY:				
Corrugated				
Mixed Office Paper				
Newspaper				
Other Paper				
Glass Containers				
Aluminum Containers				
Steel Containers				
Plastic Containers				
Ferrous/Heavy Iron				
Non-ferrous/Aluminum				
White Goods/Lite Iron				
Other				
Total				

I certify that the information entered above is true to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

THIS FORM MUST BE RECEIVED BY **February 1st** OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.

New Jersey Department of Environmental Protection
Solid and Hazardous Waste Program
Bureau of Recycling and Planning
PO Box 414
Trenton, NJ 08625
Attn: Carol Puca